

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEF	IND	DEF	IND	DEF		IND	DEF	IND	DEF	IND	DEF	IND	DEF
1							51								
2							52								
3							53								
4							54								
5							55								
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41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEF.							TOTAL DEF.								
TOTAL CLAIMS							TOTAL CLAIMS								